

Final Claim	Original Claim	Date				Final Claim	Original Claim	Date			
	201						251				
	202						252				
	203						253				
	204						254				
	205						255				
	206						256				
24	207						257				
25	208						258				
26	209						259				
27	210						260				
28	211						261				
29	212						262				
30	213						263				
31	214						264				
32	215						265				
	216						266				
	217						267				
	218						268				
	219						269				
	220						270				
	221						271				
	222						272				
	223						273				
	224						274				
	225						275				
	226						276				
	227						277				
	228						278				
	229						279				
	230						280				
	231						281				
	232						282				
	233						283				
	234						284				
	235						285				
	236						286				
	237						287				
	238						288				
	239						289				
	240						290				
	241						291				
	242						292				
	243						293				
	244						294				
	245						295				
	246						296				
	247						297				
	248						298				
	249						299				
	250						300				

BEST AVAILABLE COPY

BEST AVAILABLE COPY

CLAIM		DATE
FINAL	ORIGINAL	
	101	
	102	
	103	
	104	
	105	
	106	
	107	
	108	
	109	
	110	
	111	
	112	
	113	
	114	
	115	
	116	
	117	
	118	
	119	
	120	
	121	
	122	
	123	
	124	
	125	
	126	
	127	
	128	
	129	
	130	
	131	
	132	
	133	
	134	
	135	
	136	
	137	
	138	
	139	
	140	
	141	
	142	
	143	
	144	
	145	
	146	
	147	
	148	
	149	
	150	

CLAIM		DATE	
FINAL	ORIGINAL		
	151		
	152		
	153		
1	154	=	
2	155	=	
3	156	=	
	157		
4	158	=	
5	159		
6	160		
7	161		
8	162		
9	163		
10	164		
11	165		
12	166		
13	167		
14	168		
15	169		
16	170		
17	171		
18	172		
19	173		
20	174		
21	175		
22	176	=	
	177		
	178		
	179		
23	180	=	
	181		
	182		
	183		
	184		
	185		
	186		
	187		
	188		
	189		
	190		
	191		
	192		
	193		
	194		
	195		
	196		
	197		
	198		
	199		
	200		

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12						TOTAL IND.						
TOTAL DEP.	103						TOTAL DEP.						
TOTAL CLAIMS	115						TOTAL CLAIMS						

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1							51						
10 2							52						
10 3							53						
10 4							54						
10 5							55						
10 6							56						
10 7							57						
10 8							58						
10 9							59						
10 10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

BEST AVAILABLE COPY

		Date				Date	
Final Claim	Original Claim			Final Claim	Original Claim		
	201				251		
	202				252		
	203				253		
	204				254		
	205				255		
	206				256		
25	207				257		
12	208				258		
26	209				259		
27	210				260		
28	211				261		
29	212				262		
30	213				263		
31	214				264		
32	215				265		
	216				266		
	217				267		
	218				268		
	219				269		
	220				270		
	221				271		
	222				272		
	223				273		
	224				274		
	225				275		
	226				276		
	227				277		
	228				278		
	229				279		
	230				280		
	231				281		
	232				282		
	233				283		
	234				284		
	235				285		
	236				286		
	237				287		
	238				288		
	239				289		
	240				290		
	241				291		
	242				292		
	243				293		
	244				294		
	245				295		
	246				296		
	247				297		
	248				298		
	249				299		
	250				300		